

**CLAIM AGAINST THE STATE OF MICHIGAN
FOR PERSONAL LOSSES LESS THAN \$1,000**

DEPARTMENT CLAIM NUMBER

In accordance with State Administrative Board policy, the following information is required for consideration of a claim against the State of Michigan. See the reverse side for additional information before completing this form.

1. CLAIM OF--NAME (LAST, FIRST, MIDDLE INITIAL)		2. TELEPHONE NUMBER OR PRISONER NUMBER	
3. STREET ADDRESS	4. CITY	5. STATE	6. ZIP CODE
STATE EMPLOYEES ONLY			
7. DEPARTMENT WHERE YOU WORK	8. WORK LOCATION		
9. NAME OF STATE AGENCY CLAIM IS AGAINST (Department, College or University)			
10. DATE AND TIME OF LOSS	11. LOCATION OF LOSS		
12. DESCRIBE YOUR LOSS, DAMAGE, OR INJURY IN DETAIL			
13. AMOUNT OF YOUR CLAIM \$	14. HOW DID YOU DETERMINE THE VALUE? Describe the method you used in detail. <u>Submitted documents will not be returned.</u> Attach a <u>copy</u> of relevant receipts, bills, letters from insurance companies, incident reports, police reports, other supporting documents. List each document you have attached.		
15. EXPLAIN WHY YOU BELIEVE THE STATE AGENCY IN NUMBER 9 ABOVE IS RESPONSIBLE.			
16. EXPLAIN WHY YOU ARE NOT AT FAULT AND WHY YOU COULD NOT HAVE PREVENTED THE LOSS.			
17. a. HAVE YOU FILED ANY OTHER CLAIMS AGAINST THE STATE OF MICHIGAN RELATED TO THIS LOSS? IF YES, LIST THE CLAIMS BELOW AND/OR ATTACH COPIES OF THE CLAIMS. <input type="checkbox"/> YES <input type="checkbox"/> NO b. HAVE YOU RECEIVED REIMBURSEMENT FOR ALL OR A PORTION OF THIS CLAIM FROM SOME OTHER SOURCE? EXPLAIN. <input type="checkbox"/> YES <input type="checkbox"/> NO c. DO YOU HAVE ANY POTENTIAL SOURCE OF REIMBURSEMENT FOR ALL OR A PORTION OF THIS CLAIM, SUCH AS YOUR OWN OR SOME OTHER PERSON'S INSURANCE? EXPLAIN. <input type="checkbox"/> YES <input type="checkbox"/> NO			
18. DESCRIBE ANY OTHER INFORMATION WHICH SHOULD BE CONSIDERED.			

I certify that the above information is, to the best of my knowledge true, and provided this claim or any part thereof is approved, I fully release and discharge the State of Michigan, its department or agency, from all other causes of action, liabilities, and damages I may have pertaining to this claim.

Signature of Claimant Printed name of Claimant appeared before me on _____
Date

and signed the release above as a free act and deed.

Signature of Notary Printed name of Notary Notary Public, State of Michigan

County of _____ Acting in _____ County My commission expires _____

GENERAL INSTRUCTIONS

This form may only be used for claims against the State of Michigan, its departments and officers, colleges and universities for amounts **less than \$1,000.**

You must use this form to file a claim or you may use the *MDOT 3600* if your claim is against the Michigan Department of Transportation (MDOT).

Provide the information completely and in as much detail as possible. If you need additional space, use a blank sheet of 8 1/2" by 11" paper and attach it to the claim form. Please type or print legibly in ink.

When completed, have the form notarized before a Notary Public. Keep a copy of the claim form and attachments for your records.

You will be notified in writing of the action taken on this claim.

Send original, signed and notarized claim form with a copy of the supporting documents to:

Prisoners	State Employees	General Public
Dept. of Corrections Grievance Section Manager Office of Legal Affairs P. O. Box 30003 Lansing, MI 48909	Accounting Office or Human Resources of your department	State Administrative Board State of Michigan P. O. Box 30026 Lansing, MI 48909

SPECIAL INSTRUCTIONS FOR PRISONERS ONLY:

Claims sent to the State Administrative Board will be forwarded to the Department of Corrections, Grievance Section Manager.

Provide a **COPY** of receipts and supporting documents – Your documents will not be returned.

Refer to the State Administrative Board's Administrative Guide **0620.06** at http://www.michigan.gov/documents/micontractconnect/0620_06_441032_7.pdf and

The Department of Corrections' Operating Procedure 03.02.131 at http://www.michigan.gov/documents/micontractconnect/OP_03_02_131_Prisoner_Ad_Bd_Claims_44069_7_7.pdf.

SPECIAL INSTRUCTIONS FOR STATE EMPLOYEES ONLY:

Refer to Administrative Guide **0620.07** at http://www.michigan.gov/documents/micontractconnect/0620_07_441029_7.pdf.

SPECIAL INSTRUCTIONS FOR THE GENERAL PUBLIC:

Refer to Administrative Guide **0620.08** at http://www.michigan.gov/documents/micontractconnect/0620_08_441030_7.pdf.